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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214545111 | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Virginia State University Research Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHARLES H. SMITH 1 HAYDEN DRIVE PETERSBURG, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PETERSBURG CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2014</p> <p>SCC ID NO: 07536246</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | | | | |
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| 6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 1 HAYDEN DRIVE CITY/ST/ZIP: PETERSBURG, VA 23806 </div> | | | | | | | | |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer. | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;"></td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> OFFICER</td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> DIRECTOR</td> </tr> <tr> <td> NAME: DAWIT HAILE TITLE: TREASURER ADDRESS: 1 HAYDEN DRIVE CITY/ST/ZIP/CO: VIRGINIA STATE UNIVERSITY PETERSBURG, VA 23806 </td> <td></td> <td></td> </tr> </table> | | | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | NAME: DAWIT HAILE TITLE: TREASURER ADDRESS: 1 HAYDEN DRIVE CITY/ST/ZIP/CO: VIRGINIA STATE UNIVERSITY PETERSBURG, VA 23806 | | |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ALI ANSARI DIRECTOR 1 HAYDEN DRIVE VIRGINIA STATE UNIVERSITY PETERSBURG, VA 23806 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JEWEL E. HAIRSTON DIRECTOR 1 HAYDEN DR. VIRGINIA STATE UNIVERSITY PETERSBURG, VA 23806 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | OLIVER HILL DIRECTOR 1 HAYDEN DRIVE VIRGINIA STATE UNIVERSITY PETERSBURG, VA 23806 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DAVID J. MEADOWS DIRECTOR 1 HAYDEN DRIVE VIRGINIA STATE UNIVERSITY PETERSBURG, VA 23806 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | BRIAN SAYRE DIRECTOR 1 HAYDEN DRIVE VIRGINIA STATE UNIVERSITY PETERSBURG, VA 23806 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ROBERT L. TURNER, JR. DIRECTOR 1 HAYDEN DRIVE VIRGINIA STATE UNIVERSITY PETERSBURG, VA 23806 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ADRIENNE WHITAKER DIRECTOR 1 HAYDEN DRIVE VIRGINIA STATE UNIVERSITY PETERSBURG, VA 23806 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ DAWIT HAILE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | DAWIT HAILE, TREASURER PRINTED NAME AND CORPORATE TITLE | 9/30/2014 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |